

**\*165756\***

Monday, August 28, 2017 10:51:58 AM

|                       |                           |                   |                     |              |                      |              |
|-----------------------|---------------------------|-------------------|---------------------|--------------|----------------------|--------------|
| <b>Item ID:</b>       | D4071-041                 | <b>Accept</b>     | <b>*N900040100*</b> | <b>Setup</b> | <b>Start</b>         | <b>*NS1*</b> |
| <b>Revision ID:</b>   |                           |                   |                     |              |                      |              |
| <b>Item Name:</b>     | Shoulder Harness Assembly |                   |                     |              | <b>Stop</b>          | <b>*NS2*</b> |
| <b>Start Date:</b>    | 8/28/2017                 | <b>Start Qty:</b> | 4.00                | <b>*4*</b>   | <b>Cust Item ID:</b> |              |
| <b>Required Date:</b> | 9/20/2017                 | <b>Req'd Qty:</b> | 4.00                | <b>*4*</b>   | <b>Customer:</b>     |              |

|            |               |      |                   |            |       |       |
|------------|---------------|------|-------------------|------------|-------|-------|
| Reference: | DAS<br>13     |      |                   | Run        | Start | *NR1* |
| Approvals: | Process Plan: | 9-89 | Date: AUG 28 2017 | Tooling:   | Date: |       |
|            | QC:           |      | Date:             | SPC (Y/N): | Date: |       |
|            |               |      |                   |            |       | Stop  |
|            |               |      |                   |            |       | *NR2* |

[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                              |  |

**Work Order ID 165756****\*165756\***

Page 2

Monday, August 28, 2017 10:51:58 AM

Item ID: D4071-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Shoulder Harness Assembly  
Start Date: 8/28/2017 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 9/20/2017 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | Identify as per dwg & Stock Location: <u>54464</u> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.04                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.40                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

**4**

**DAS**  
**6**  
**9-80**

**SEP 25 2017**

**DAS**  
**21**  
**9-80**

**SEP 26 2017**

**DAS**  
**21**  
**9-80**

**SEP 26 2017**



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                                           |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | <b>MRB (QSI042) Approval</b><br><br><br><b>Completed By</b><br><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                      |                                                |                                                                                                                                                                                    |                                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |  |                                                                                                                                                                           |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                                           |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                                           |  |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                                           |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                                           |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                                           |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                                           |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                                           |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                                           |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                                           |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                                           |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                                           |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                                           |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                                           |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | <b>OTHER :</b>                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                                           |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                                           |  |  |

Monday, August 28, 2017 10:51:56 AM

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**Comments:** IPP Rev:A new issue DD 10.04.23 verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 4147-2-041-2396                 |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 4            |               |                |        |
| *4147-2-041-2396*               |                        |               |             |                     |                  |                 |                    |                | **          | 4X 817-9-20  |               |                |        |
| Shoulder Harness, 4 Point       |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : _____ |                       |                                              |  |

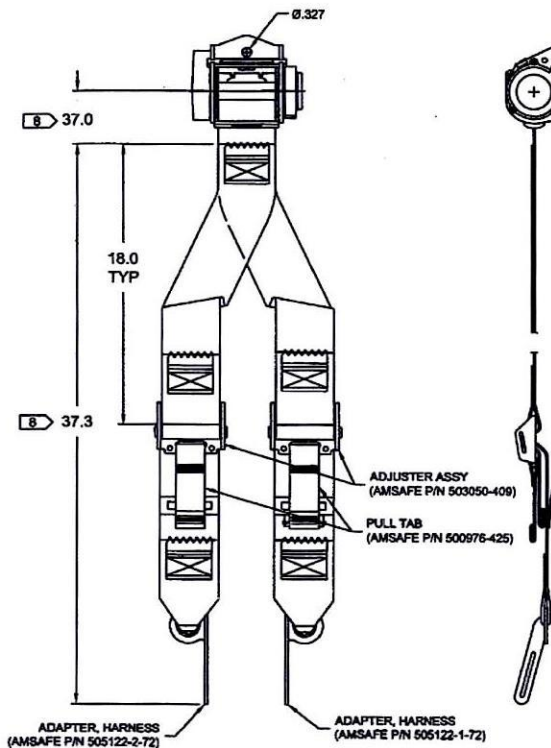


# SPECIFICATION CONTROL DRAWING

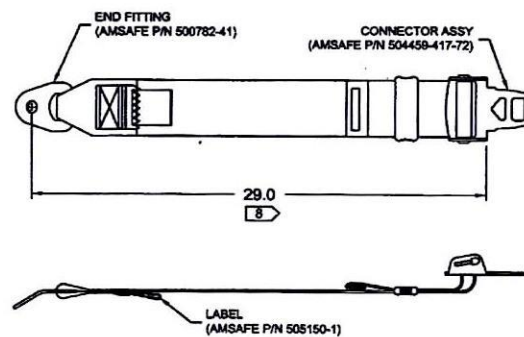
DAS  
13  
9-88

AUG 28 2017

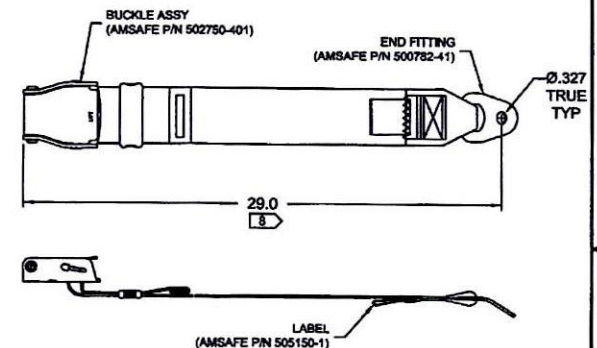
W10:165756



**D4071-041 SHOULDER HARNESS ASSY**  
SHOULDER HARNESS DETAIL  
(AMSAFE SUB-ASSY P/N 4147-2070412396)



**CONNECTOR HALF ASSY**  
(AMSAFE SUB-ASSY P/N 4147-2030412396)



**BUCKLE HALF ASSY**  
(AMSAFE SUB-ASSY P/N 4147-2010412396)

**D4071-041 SHOULDER HARNESS ASSY**  
LAP BELTS DETAIL

**RELEASED**  
2010-04-19

## NOTES:

- 1) PURCHASE: AMSAFE INC. PART No. 4147-2-041-2396  
4 POINT SHOULDER HARNESS.  
MEETS REQUIREMENTS OF FAA TSO-C114
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 EXCEPT DIMENSIONS: X.X  $\pm 0.50$
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: LABEL TO CONTAIN THE FOLLOWING AT MINIMUM:  
P/N 4147-2-041-2396  
CUST P/N: D4071-041  
DATE OF MFG  
CONFORMS TO FAA TSO-C114
- 7) WEIGHT: 2.2 lbs
- 8) INDICATED DIMS ARE FULLY EXTENDED LENGTH.

|            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |
|------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| A          | NEW ISSUE   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JPH | 10.04.13 |
| REV.       | DESCRIPTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BY  | DATE     |
| DESIGN     | JPH         | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br><br>DRAWING NO. REV. A<br>D4071 SHEET 1 OF 1<br><br>TITLE SCALE<br>SHOULDER HARNESS ASSY (D350-689) NTS<br><br>COPYRIGHT © 2010 BY DART AEROSPACE LTD<br><small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR DISSEMINATED TO ANY OTHER PERSON WITHOUT WRITING PERMISSION FROM DART AEROSPACE LTD.</small> |     |          |
| DRAWN      | JPH         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |
| CHECKED    | JPH         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |
| MFG. APPR. | N/A         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |
| APPROVED   | JPH         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |
| DE APPR.   | JPH         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |
| DATE       | 10.04.13    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |          |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO37579**

Purchase Order Date 8/28/2017

PO Print Date 8/28/2017

Page Number 1 of 2

**Order From :**

VU-AMS001

**Ship To :** DART AEROSPACE LTD

AMSAFE INC.  
1043 NORTH 47TH AVENUE  
PHOENIX, AZ 85043  
US

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**AUG 28 2017**

**Contact Name**

**Vendor Phone** 602 850 2850

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx Economy collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

USD

**FOB**

FCA - (Free Carrier)

| Line Nbr                                                                                                                                                                                                                                                                                                                                     | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1                                                                                                                                                                                                                                                                                                                                            | 4147-2-041-2396<br><br>AS PER DWG D4071 REV. A<br>B165756          | Shoulder Harness, 4 Point      | 9/26/2017<br>Yes<br>9/26/2017        |    | 4.00<br>Each                   | \$370.49      | \$1,481.96     |
| Line Total:                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                |                                      |    |                                |               | \$1,481.96     |
| 2                                                                                                                                                                                                                                                                                                                                            | 71401-45                                                           | PROCUREMENT<br>QUALITY CLAUSES | 9/26/2017<br>No<br>9/26/2017         |    | 1.00                           | \$0.00        | \$0.00         |
| Procurement Quality Clauses<br>A005 right of entry<br>A012 chemical and physical test report<br>A016 personnel qualification<br>A017 raw material identification (as applicable)<br>A026 certification of material conformance<br>A041 quality management system<br>A042 dart notification by supplier<br>A043 retention of quality document |                                                                    |                                |                                      |    |                                |               |                |

**Note:**

8/28/2017



# AmSafe

1043 North 47th Avenue  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)278-3479

## INVOICE

Please remit to:  
AmSafe, Inc.  
Lockbox 911928  
P.O. Box 31001-1928  
Pasadena, CA 91110-1928

\*\*\* DUPLICATE \*\*\*

| Customer No. | Invoice Date | Sales Order Number | Invoice Number | Purchase Order Number | Page No. |
|--------------|--------------|--------------------|----------------|-----------------------|----------|
| 10006113     | 09/18/17     | S366204            | I467538        | PO37579               | 1        |

**BILL TO:** DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

**SHIP TO:** DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY,, ON K6A 1K7  
Canada

**SOLD TO:** DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

**REMARKS:**  
1517-9324-0

**Freight**  
COLLECT

### COMMENTS:

#### QUALITY CLAUSES:

A004, A005, A012, A016, A017, A026, A040,  
A041, A042, A043

DART HOLDS STC CERTIFICATE AN IS ALLOWED TO PURCHASE NON PMA PARTS

|       |            |             |           |            |                    |           |            |                 |
|-------|------------|-------------|-----------|------------|--------------------|-----------|------------|-----------------|
| TERMS | ORDER DATE | SALESPERSON | SHIP DATE | SHIP VIA   | FedEx Intl Economy | FOB POINT |            |                 |
| NET30 | 08/28/17   | BLEAKE      | 09/18/17  | TRACKING # | 620394456861       | ORIGIN    |            |                 |
| LINE  | ITEM       | DESCRIPTION | UM        | QUANTITY   |                    | T         | UNIT PRICE | EXTENDED AMOUNT |
| NO.   |            |             |           | LOT        | BACK ORD.          | SHIPPED   | X          |                 |

|   |                 |                                                                          |    |           |     |       |            |              |
|---|-----------------|--------------------------------------------------------------------------|----|-----------|-----|-------|------------|--------------|
| 1 | 4147-2-041-2396 | DRAWING: 4147<br>REV: L<br>Customer P/N: D4071-041<br>REST SYS ASSY W/IR | EA | S366204-1 | 0.0 | 4.0 N | 370.49 USD | 1,481.96 USD |
|---|-----------------|--------------------------------------------------------------------------|----|-----------|-----|-------|------------|--------------|

SEP 17-9-20

Non-Taxable: 1,481.96 USD

Line Total: 1,481.96 USD

Total Taxable:

The undersigned, exporter/supplier of goods listed in this invoice/document, declares that according to the rule being valid in the European Union, the origin of these goods is the United States of America.

Signature:

Date:

Phoenix, Arizona, USA

Sales Tax:

Total:

1,481.96 USD

# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



| CUSTOMER NO. | SALES ORDER NO. | BOL NO.   | DATE PRINTED | PAGE NO. |
|--------------|-----------------|-----------|--------------|----------|
| 100061 1     | S366204         | 000467773 | 09/18/17     | 1        |

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

Ship to ID: 10006125

| CUSTOMER ORDER NO. | TERMS | FREIGHT | SHIP VIA           | F.O.B. |
|--------------------|-------|---------|--------------------|--------|
| PO37579            | NET30 | COLLECT | FedEx Intl Economy | ORIGIN |

Sales Order remarks: 1517-9324-0

SHIPMENT REFERENCE 000467773

Remarks:

QUALITY CLAUSES:

A004, A005, A012, A016, A017, A026, A040,

A041, A042, A043

DART HOLDS STC CERTIFICATE AND IS ALLOWED TO PURCHASE NON PMA PARTS

| LINE | ITEM NUMBER / DESCRIPTION                                          | DRAWING AND CERTIFICATIONS                                                                        | DUE DATE   | QTY ORDERED | QTY SHIPPED | QTY BACK ORDERED |
|------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------|-------------|-------------|------------------|
| 1    | Cust. Item No.: D4071-041<br>4147-2-041-2396<br>REST SYS ASSY W/IR | DRAWING: 4147<br>REV: L<br>CERT: TSO-C114<br>Lot/Serial Numbers Shipped Quantity<br>S366204-1 4.0 | 2017-09-18 | 4           | 4           | 0                |

5  
17/09/17

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X

Printed Name:

*Maria Garcia*  
Maria Garcia

Dated:

SEP 18 2017

COUNTRY OF ORIGIN USA



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                             |                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|--|
| <b>1. Approving Civil Aviation Authority/Country:</b><br><br>FAA/United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | <b>2. AUTHORIZED RELEASE CERTIFICATE</b><br><b>FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | <b>3. Form Tracking Number:</b><br><br>S366204 - 1 <i>kg</i>                |                                        |  |
| <b>4. Organization Name and Address:</b><br><b>AmSafe, Inc.</b><br>1043 North 47th Avenue<br>Phoenix, Arizona 85043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | <b>Cert. No. PT1967NM</b>                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | <b>5. Work order/Contract/Invoice Number:</b> S366204 - 1<br>PAGES ATTACHED |                                        |  |
| <b>6. Item:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>7. Description:</b> | <b>8. Part Number:</b>                                                                             | <b>9. Quantity:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>10. Serial Number:</b>            | <b>11. Status/Work:</b>                                                     |                                        |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REST SYS ASSY W/IR     | 4147-2-041-2396                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                  | NEW                                                                         |                                        |  |
| <b>12. Remarks:</b> Drawing: 4147<br>Rev: L<br>TSO: TSO-C114<br><div style="text-align: center; margin-top: 10px;"> <b>DATE CODE:</b> <span style="color: blue; font-size: 1.2em;">A0917</span> </div> <div style="text-align: center; margin-top: 20px;"> <b>CUSTOMER P/N:</b> <span style="color: blue; font-size: 1.2em;">D4071-041</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                             |                                        |  |
| <b>13a. Certifies the items identified above were manufactured in conformity to:</b><br><br><input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation<br><br><input type="checkbox"/> Non-approved design data specified in Block 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                    | <div style="border: 1px solid black; padding: 5px;"> <b>14a.</b> <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12<br/><br/>         Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.       </div> |                                      |                                                                             |                                        |  |
| <b>12b. Authorized Signature:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | <b>13c. Approval/Authorization No.:</b><br>ODA602112NM                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>14b. Authorized Signature</b>     |                                                                             | <b>14c. Authorized/Certificate No.</b> |  |
| <b>13d. Name (typed or printed):</b><br>IRENE GOMEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | <b>13e. Date (dd/mmm/yyyy):</b><br><span style="color: blue; font-size: 1.2em;">14/SEP/2017</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>14d. Names (typed or printed)</b> |                                                                             | <b>14e. Date (dd/mmm/yyyy):</b>        |  |
| <b>User/Installer Responsibilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                             |                                        |  |
| <p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p> |                        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                             |                                        |  |